

Section #1

Before today's visit, have you ever been diagnosed with **diabetes**?

- YES (If yes, skip to Section #2)** **NO**

If **NO**, did you complete the **Prediabetes Screening Test** given to you by the receptionist?

- YES** **NO**

If **YES**, did you score 9 points or higher indicating your risk is high for having prediabetes now?

- YES** **NO (If no, skip to Section #2)**

If **YES**, did you discuss your risk with your provider during today's visit?

- YES** **NO**

If **NO**, please explain why:

- Lack of time during my visit**
 I did not feel comfortable discussing this with my provider
 Other: _____

Section #2

Before today's visit, have you ever been diagnosed with high blood pressure?

- YES (If yes, you are finished!)** **NO**

If **NO**, was your blood pressure checked during your visit today?

- YES** **NO**

If **YES**, what color on the **Be One in a Million** card did your blood pressure fall into?
RED YELLOW GREEN

If red or yellow, did you talk with your provider about your blood pressure today?

- YES** **NO**

If **NO**, please explain why:

- Lack of time during my visit**
 I did not feel comfortable discussing this with my provider
 Other: _____

Thank you for your time today!